

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

10/507114

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		21					54						
5		10					55						
6		10					56						
7		10					57						
8		10					58						
9		10					59						
10		10					60						
11		10					61						
12		10					62						
13		10					63						
14		10					64						
15		10					65						
16		10					66						
17		10					67						
18		10					68						
19		10					69						
20		10					70						
21		10					71						
22	1						72						
23		1					73						
24		12					74						
25		10					75						
26		10					76						
27		10					77						
28		10					78						
29		10					79						
30		10					80						
31		10					81						
32		10					82						
33		10					83						
34		10					84						
35		10					85						
36		10					86						
37		10					87						
38	1						88						
39		1					89						
40		12					90						
41		10					91						
42		10					92						
43		10					93						
44		10					94						
45		10					95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	42	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLASS	45						TOTAL CLASS						

PTO-1360 (REV. 9/83)

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